

## **Consensus on Lifts, Drags, Carries (LDCs)**

(Respectfully submitted to California EMSA/POST C-TEMS Committee to re-insert the same minimum three (3) LDCs into core competency recommendations, which were temporarily removed in 2016)

### **Interoperability Rationale**

It is the consensus of the following TACMED Instructor-trainers that a minimum of three (3) specific Core LDCs should be taught to all Law Enforcement, Fire and EMS personnel to assure safe and swift Rescue Task Force extraction of casualties during Active Shooter/Hostile Events (ASHEs) as well as regularly occurring violent emergency responses. At the time of this writing there is only one technique that appears to be universal for general EMS, Fire and LE duties throughout our nation. Although it has advantages for carrying through narrow doorways and hallways, it is not nearly as swift or effective as other techniques in other situations as it is also prone to causing more back injuries. At the same time there are literally dozens of LDCs taught in several-day Tactical Medical (TACMED) classes which are valuable for Special Operations Team operators and medics who are funded to train regularly together but are overwhelming to line LE/Fire/EMS personnel who may only get a 1-day or as little as a 4-hour TACMED class or 2-hr. B-Con (Bleeding Control) class.

After careful analysis and testing by subject matter experts who both provide tactical medical care as well as instruct numerous personnel, we have identified three (3) specific 2-person LDCs that we believe should be taught and reinforced during all basic and advanced tactical medical courses. We further have found there to be ample time in a class as short as 2 hours to teach and practice these LDCs along with repetitive practice of hemorrhage control techniques and Rescue Task Force concepts and drills. We acknowledge that there is not one single LDC technique that will work in all cases. However, we have determined that one of the three (3) techniques that we are endorsing as “core 2-person LDCs”, will work in the vast majority of cases. We have also found that when these 3 are practiced prior to AS/HE scenario based training and some recent live incidents, the extraction of victims occurs many times faster by those trained vs. those not.

For the purpose of clear communication and best chance of inter-operable clarity of which LDC will be utilized on the scene of a fast-moving incident, we recommend using and teaching the “clear-text” names for each LDC as described below while giving credit to the TCCC nomenclature in smaller font:

### **Core LDCs to be practiced by all LE/Fire/EMS personnel for inter-operability in AS/HEs, etc:**

1. “Trunk-Leg” (Sometimes called “Fore-and-Aft,” “GS” or “Georgia Street”)
2. “Side-by-Side” (Sometimes called the “Chair Lift-Carry”)
3. “Shoulder-Belt” (Sometimes called the “SEAL Team 3-LDC”)

### **Other Useful LDCs to be pictured in all classes and demonstrated and/or practiced in longer classes:**

1. “1 and 2-person drag”
  2. “Modified Firefighter” (Sometimes called the “Hawes” or “Backpack” Carry)
  3. 3-person Seat Carry
  4. “4-person Shoulder Hoist-Carry”
  5. “Trunk Cow-Hitch”
  6. “Hasty-Harness”
  7. “Backpack”
  8. “Belly Dancer Sling-Litter”
  9. Various improvised litters
  10. Various tactical litters and rescue harnesses on the market
- } (and other improvised tubular webbing LDCs)

Jason Evenskaas, TacMedic, Senior Fire Inst. El Cajon  
ECFD/PD SWAT (760) 815-2353 [jevenskaas@hearetlandfire.net](mailto:jevenskaas@hearetlandfire.net)

Michael Meoli, TP-C, CEO Tactical Rescue Options  
(619) 980-7362 [mmeoli@sandiego.gov](mailto:mmeoli@sandiego.gov)

Chris Heiser, PM/RN, EMS Deputy Chief, SDFD  
(619) 279-4464 [cheiser@sandiego.gov](mailto:cheiser@sandiego.gov)

Peter Ordille, TP-C, Director Palomar College Paramedic School  
(760) 317-8228 [pordille@palomar.edu](mailto:pordille@palomar.edu) (Escondido FD/PD SWAT – Ret.)

Bryan Howell TacMedic Oceanside FD/PD SWAT  
(858) 243-9630 [bryanjen21@gmail.com](mailto:bryanjen21@gmail.com)

David Rathbun, LA Dpty Sheriff PM (SEB/ERT – Ret.)  
(818) 216-4821 [rathbuns@earthlink.net](mailto:rathbuns@earthlink.net)

Dr. Ryan Lewis, ED MD, President Special Tac And Rescue  
(806) 470-6144 [rlewismd@yahoo.com](mailto:rlewismd@yahoo.com)

Sal Ruiz, TP-C, Program Manager Strategic Operations  
(619) 843-8449 [salr@e-stops.com](mailto:salr@e-stops.com)

## **“Trunk-Leg”** (“Fore & Aft” / “GS”) **Lift and Carry**

### **Uses:**

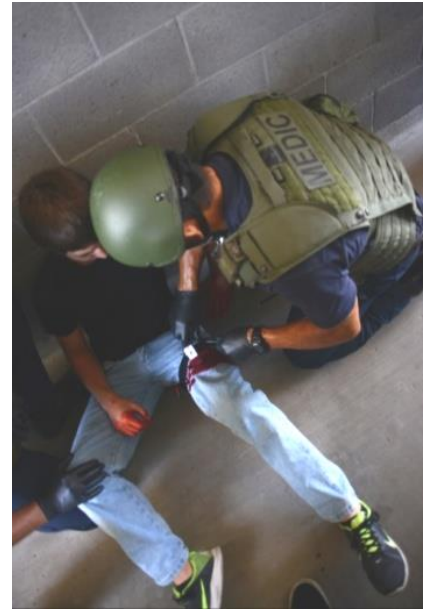
- Most common EMS/LE lift when Code-4
- **Also the slowest LDC** (and most injurious)
- Carrying to cover
  - o **Best LDC for narrow hallways or through narrow doors**
  - o Shoulder-Belt and Side-by-Side much faster when there is room
- Loading onto litters
  - o Side-by-Side better LDC in most cases
- **“Pancake” into backseat of patrol cars/sedans**
  - o **Best/only LDC for this use**
- Trunk loading casualty



1. Move tactically to casualty



2. Assume best positions to cover casualty & grabbers



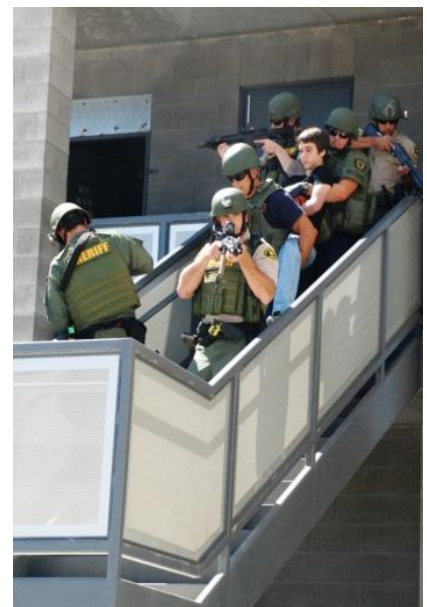
3. Treat immediate life threats if tactically feasible.



4. Fore Grabber wraps arms around chest locking wrists, Aft grabber backs into legs and lifts under knees



5. Grabbers lift casualty to feet and signal cover officers they are ready to move



6. Team moves tactically to safety

## **“Trunk-Leg” Lift and Carry**

(Sometimes called the “Fore & Aft,” “GS,” “Georgia Street”)

### **Alternate position for Leg Grabber**

1. Cross casualty legs and lift with non-dominant hand.



2. Place casualty legs on hip, leaving dominant hand free.



### **Alternate position for Trunk Grabber**

Useful in following cases:

- One of victim's arms are injured
- Trunk grabber has to drag victim by him/herself

1. Trunk grabber draws forearms under victim's armpits as normal. However only the victim's un-injured forearm is gripped by grabber.



2. This can also be used as a 1-person LDC. However the grabber has to back off target to make it work. Although this may be appropriate for certain circumstances, other 1-person LDCs should be used if going forward off target is desired.





## Tactical Rescue Extractions (TRE) Level 1 – Lifts Drags & Carries

### **“Side-by-Side” Lift and Carry**

#### **Uses:**

- Loading onto litters
- Vehicle Rescue – **Best lift for loading into vans, SUVs, Bears, Bearcats**
- Carrying to cover
  - o **Easiest lift on victim and rescuer**
  - o Drags may be faster if casualty has secure drag holds, handles, straps
  - o If not, **this is quickest for short distance carry**
  - o Shoulder-Belt Carry usually faster over longer distances in open space



1. Move tactically to casualty



2. Assume best positions to cover casualty & grabbers



3. Treat immediate life threats if tactically feasible



4. Grabbers draw their forearms under victim's armpits



5. Lock victim's wrists (underhand preferred by most, but overhand also works)



6. Grab under knees



7. Lift casualty and signal cover officers ready to move



8. Team moves tactically to safety



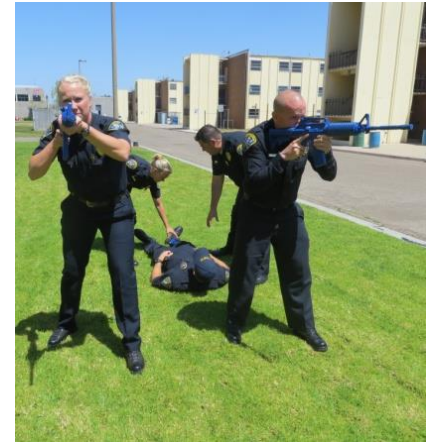
## **Shoulder/Belt (“SEAL Team 3”) Carry / Drag**

### **Uses:**

- Fastest carry / drag over longer distances in open space, even over uneven terrain
- Especially better over uneven terrain with debris than 2-person drag/carry
- Does not matter how tall the casualty is as the feet drag behind with little friction
- (If casualty has fractures, consider litter carries when tactically feasible)



1. Move tactically to casualty



2. Assume best positions to cover casualty & grabbers



3. Treat immediate life threats if tactically feasible



4. Grabbers lift casualty to seat position with arms over shoulders and grab belt (or top of pants) from behind



5. Grabbers lift casualty to feet and signal cover officers they are ready to move



6. Team moves tactically to safety

## **Modified Firefighter (“Hawes”) Carry**

### **Uses:**

- **Limited personnel where only one rescuer can be used for actually carrying casualty**
- Rescuer carrying casualty can provide limited cover with own weapon during extract
- Casualty’s weight is on rescuer’s hips rather than back as in traditional “Fireman’s”
- Note: If only 2 rescuers on scene, there will be a brief period with no cover



1. Two rescuers bring casualty to standing position using standard “Shoulder-belt” lift



2. One rescuer crouches and slides in front of casualty



3. Rear rescuer helps facilitate casualty’s arms around front rescuer;  
4. Front rescuer pins casualty’s elbows across chest with non-dominant hand



5. Rescuers communicate and move tactically to cover

(Note: This carry is also useful for CCP “round-robins,” i.e. rescuers rotating in to secured warm zone where cover officers assist in loading casualties onto a single rescuer’s shoulders, sending them to cold zone, remaining at CCP for cover and helping returning rescuers load another casualty.)



## Utilizing Core LDC Biometrics for Vehicle Rescues

### “Side-by-Side Snatch”

1. Grabbers exit from side of rescue vehicle opposite line-of-fire while one or more officers provide cover from different angles



2. Grabbers use the “Side-by-Side” LDC making it easy to snatch and load victim in as little as 10 seconds



Utilizing Core LDC Biometrics for Vehicle Rescues

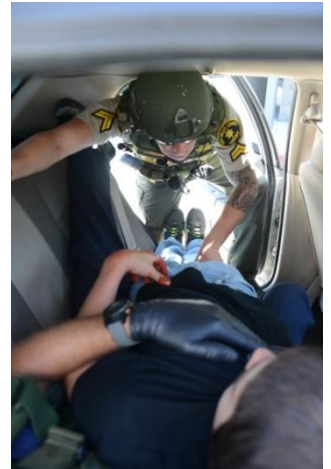
**“Trunk-Leg” LDC for “Pancake Rescue” into backseat of sedan**



1. Grabbers exit from side of rescue sedan opposite line-of-fire while one or more officers provide cover from the line-of-fire side



2. Trunk grabber backs into sedan and “pancakes” self supine across backseat and the leg grabber lays prone over the top



**“Trunk-Leg” LDC for “Trunk Rescue”**



(All 3 vehicle rescues are available in video clips by contacting TRO at below email address)



**Tactical Rescue Options, LLC**  
Consulting, Instruction, Direct Support  
[frogmed79@gmail.com](mailto:frogmed79@gmail.com)